

Form 2441 – Credit for Child and Dependent Care Expenses

US 2441 Credit for Child and Dependent Care Expenses			
Name: 		SSN: _____	
Part I: Persons or Organizations Who Provided the Care If you need to list more than 2 providers, link from the total field below to the Additional Care Providers and Qualifying Children worksheet.			
1 (a) Care provider's name Code: _____	(b) Street address Zip code, city, and state _____	(c) ID number SSN or EIN EIN Type: ____ <input type="checkbox"/>	(d) Amount paid _____ 0.
Total of the line 1 amounts			_____ 0.
Part II: Credit for Child and Dependent Care Expenses			
2 Information about your qualifying person(s). To qualify the persons must have shared the same home with you in 2013. If you received dependent care benefits from your employer, fill in page 2 of this form. Only list below those expenses not excluded on page 2. Total not excluded on page 2 . . . _____ 0.			
If you need to list more than 2 qualifying persons, link from the total field below to the Additional Care Providers and Qualifying Persons worksheet.			
(a) Qualifying person's name First name Last name _____		(b) Social security number _____	(c) Qualified expenses * See below. _____ 0. _____ 0.
* Qualified expenses are those you incurred and PAID in 2013.		Total of the line 2 amounts	

Important: Make sure the "DC" column is checked on the Main Information Sheet for the applicable dependents.

When the taxpayer has more than two care providers link to the "Providers - Form 2441 Line 1a and 1b."

Line 1 should be total paid for all qualifying care.

Complete part III of 2441 before part II if TP rec'd dependent care benefits on W-2.

Line 2 should be total paid minus any dependent care benefits on W-2.

If more than 2 children with dependent care expenses, link to new Qualifying Form 2441, line 2 and complete all fields for each qualifying person.

3 Smaller of line 2, \$3,000 for 1 qualifying person, or \$6,000 for 2 or more persons. If you completed Part III, amount from line 31	_____ 0.
4 Your earned income	_____ 0.
5 If married filing jointly, your spouse's earned income is entered. If you or your spouse was a student or disabled, see the worksheet below. All others, amount from line 4	_____ 0.
6 Smallest of lines 3, 4, or 5	_____ 0.
7 Amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37	_____ 0.
8 Amount applicable to the amount on line 7 If you paid 2012 dependent care expenses in 2013, F9 here to complete the prior year expense worksheet	0.35 _____ 0.
9 Multiply line 6 by the decimal amount on line 8, plus prior year amounts shown above ...	_____ 0.
10 Tax liability limit	_____ 0.
11 Credit for child and dependent expenses. Smaller of line 9 or line 10	_____ 0.

Line 3 should equal total qualified expenses up to maximum allowable minus any dependent care benefit on W-2.

Link out to scratch pad to subtract any amount earned while incarcerated or on work release.

Worksheet for Income Considered Earned by Disabled or Student Spouse	
If you have 1 qualifying person \$250 x 0 months spouse was a _____ student or disabled \$ _____ 0.	If you have two or more qualifying persons \$500 x 0 months spouse was a _____ student or disabled \$ _____ 0.
Check if the care listed above was for a disabled spouse <input type="checkbox"/>	

Important: If spouse is disabled or full-time student, enter the number of months.